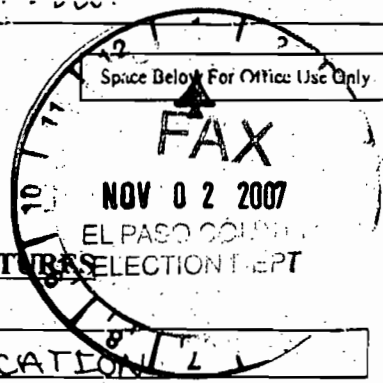


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph (303) 894-2200 x 3
Fax (303) 869-4861
www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES
(C.R.S. 1-45-108)

Full Name of Committee/Person:	EXLINE FOR EDUCATION
As Shown On Registration	
Address of Committee/Person:	PO Box 26476
City, State & Zip Code:	COLORADO SPRINGS, CO 80936-6476
Committee Type:	ELECTION
Name and Address of Financial Institution:	TCF BANK, 4100 W. 144TH AVE., BROOMFIELD, CO 80020

SOS ID NUMBER (state committees ONLY):

Type of Report

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date)
Submit changes or new information ONLY
- Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: Through
Date Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)]

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 509.93
2 Total Monetary Contributions (line 11)	\$ 1125.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1634.93
4 Total Monetary Expenditures (line 19)	\$ 1146.87
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 488.06

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 10(2)(a)]

Authorization (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: CHRIS EXLINE
 Registered Agent's Signature: [Signature] Date: 11/02/07
 Print Candidate Name: CHYRESE EXLINE
 Candidates Signature: [Signature] Date: 10/02/07

DETAILED SUMMARY

Full Name of Committee/Person: EXCISE FOR EDUCATION

Current Reporting Period: 10/12/07 Through 10/28/07

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 509.93
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 1125.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 1125.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 1125.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 225.00 ^{CE} 553.13
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 225.00 ^{CE} 700.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 225.00 ^{CG}
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$
20	Total Spending (Line 18 + line 19)	\$ 1146.87

Schedule A - Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(6)]

Full Name of Committee/Person: CHYRESE EXLINE (EXLINE FOR EDUCATION)

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. Date Accepted <u>10/23/07</u>	4. Name (Last, First): <u>EMILY & JIM BOEHLKE</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>5080 CHAMPAGNE DR.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>CO CO 80919</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>DONATION</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>10/16/07</u>	4. Name (Last, First): <u>SHARON THOMAS</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>5484 BURGESS RD.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>CS CO 80908</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>DONATION</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>10/23/07</u>	4. Name (Last, First): <u>REALTOR CANDIDATE POLITICAL ACTION COMMITTEE</u>
2. Contribution Amt. \$ <u>700.00</u>	5. Address: <u>430 N. TEJON ST.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>CO SP CO 80903</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>DONATION</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>10/16/07</u>	4. Name (Last, First): <u>LYNN PETERSON</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>2601 MARILYN RD.</u>
3. Aggregate Amt. * \$	6. City/State/Zip: <u>CO CO 80909</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>DONATION</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory):

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14)

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: EXLINE FOR EDUCATION

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/15/07	4. Name (Last, First): <u>EDUCATION CAMPAIGN ACTION COMMITTEE</u>
2. <u>Contribution Amt.</u> \$ <u>250.00</u>	5. Address: <u>2520 N. TEJON</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>CS CO 80907</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>DONATION</u>
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u>	4. Name (Last, First):
2. <u>Contribution Amt.</u> \$	5. Address:
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip:
<input type="checkbox"/> Check box if Electioneering Communication	7. Description:
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u>	4. Name (Last, First):
2. <u>Contribution Amt.</u> \$	5. Address:
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip:
<input type="checkbox"/> Check box if Electioneering Communication	7. Description:
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

1. <u>Date Accepted</u>	4. Name (Last, First):
2. <u>Contribution Amt.</u> \$	5. Address:
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip:
<input type="checkbox"/> Check box if Electioneering Communication	7. Description:
	8. Employer (if applicable, <u>mandatory</u>):
	9. Occupation (if applicable, <u>mandatory</u>):

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec. 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14)

Schedule B - Itemized Expenditures Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: CHYRESE EXLINE (EXLINE FOR EDUCATION)

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/15/07	4. Name: <u>CITY OF COLORADO SPRINGS</u>
2. <u>Amount</u> \$ 40.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>PERMIT</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/16/07	4. Name: <u>CHYRESE EXLINE</u>
2. <u>Amount</u> \$ 200.00	5. Address: <u>5990 DRIFTER ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CS CO 80918</u>
	7. Purpose of Expenditure: <u>LOAN REPAYMENT</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/22/07	4. Name: <u>CHYRESE EXLINE</u>
2. <u>Amount</u> \$ 500.00	5. Address: <u>5990 DRIFTER ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CS CO 80918</u>
	7. Purpose of Expenditure: <u>LOAN REPAYMENT</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/25/07	4. Name: <u>POST MASTER</u>
2. <u>Amount</u> \$ 41.00	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>POSTAGE FEE</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 8/25/07 - 10/28/07	4. Name: <u>T-MOBILE</u>
2. <u>Amount</u> \$ 263.87	5. Address: <u>P.O. Box 37380</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ALBUQUERQUE, NM 87176</u>
	7. Purpose of Expenditure: <u>CELL PHONE</u> <input type="checkbox"/> Check box if Electioneering Communication

Schedule B - Itemized Expenditures Statement (\$20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: EXLINE FOR EDUCATION

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/3/07 - 10/28/07	4. Name: <u>VALERO CORNER STORE</u>
2. <u>Amount</u> \$ <u>102.00</u>	5. Address: <u>5553 AUSTIN BLUES</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO CO 80918</u>
	7. Purpose of Expenditure: <u>GAS/MILEAGE</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____ <input type="checkbox"/> Check box if Electioneering Communication